

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087999

FILED
Feb 10, 2009
Secretary of State

Entity Name: MEDICAL CARE FOR WOMEN, LLC

Current Principal Place of Business:

1190 NW 95 STREET
105
MIAMI, FL 33150 US

New Principal Place of Business:

Current Mailing Address:

1190 NW 95 STREET
105
MIAMI, FL 33150 US

New Mailing Address:

FEI Number: 20-5503820 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

LIBURD, MARIE-CARMELLE C M.D.
1190 NW 95 STREET
STE 105
MIAMI, FL 33150 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARIE-CARMELLE C. LI, BURD, M.D., P. A .
Address: 1190 NW 95 STREET, SUITE 105
City-St-Zip: MIAMI, FL 33150 US

Title: MGR () Delete
Name: LIBURD, RICHARD
Address: 1150 NW 95 ST STE 105
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD LIBURD

DIR

02/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date